Arizona Department of Health Services
Division of Licensing Services
Office of Child Care Licensing

INSTRUCTIONS for WRITTEN DOCUMENTATION OF CORRECTIONS

Your *Written Documentation of Corrections* (*WDOC*) must include the following information for each deficiency:

□ 1. How each deficiency was/will be corrected.

□ 2. A description of how each deficiency will be prevented from happening again.

□ 3. The name of the person and/or the position responsible for each correction.

□ 4. The date each deficiency was/will be corrected.

□ 5. The Director's/Provider's signature, date, and the CDC/SGH number on one page of the *WDOC*.

□ 6. If you do not use the provided *WDOC* chart, the Event ID Number (located on the upper left hand corner of your Statement of Deficiencies) must be included on your own *WDOC*.

The *Written Documentation of Corrections* must be returned to the Office of Child Care Licensing *within 10 calendar days from your receipt of the Statement of Deficiencies (SOD)*. If the Department does not receive the *Written Documentation of Corrections* by this date, further action may be taken.

Be advised that the Statement of Deficiency and Written Documentation of Correction will become a part of the Department's Public file for your facility and are available for review.

Call your Licensing Surveyor if you have any questions.

RETURN YOUR *WRITTEN DOCUMENTATION OF CORRECTIONS (WDOC)* TO:

□150 NORTH 18TH AVENUE, SUITE 400
PHOENIX, ARIZONA 85007
Phone: (602) 364-2539

□400 WEST CONGRESS, SUITE 100
TUCSON, ARIZONA 85701
Phone: (520) 628-6540

□1500 EAST CEDAR SUITE 22
FLAGSTAFF, ARIZONA 86004
Phone: (928) 774-2707

OVER

WRITTEN DOCUMENTATION OF CORRECTIONS

Complaint # _____

Name of Facility:_____ SGH/CDC#:_____ Page_____of_____
Survey Date:_____ Surveyor:_____ EVENT ID No.:_____

Rule # Cited	How each deficiency was/will be corrected.	Description of how each deficiency will be prevented from happening again.	The person/position responsible for each correction.	The date each deficiency was/will be corrected.
A.R.S. § - or R9-5-				
R9-5-				
R9-5-				

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Facility Representative Signature **Date**

OVER